

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK CREST RETIREMENT HOME (310097)

Address: 10507 S CHICAGO AVE, OAK CREEK, WI 53154

License Status: REGULAR

Licensed/Certified/Registered 10/01/1988

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096131 **End Date:** 12/13/2005 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008885 Served 01/07/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(c)	UNIVERSAL PRECAUTIONS	05/22/2000	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	05/22/2006	Yes
83.21(4)(o)	MEDICATIONS	05/22/2006	Yes
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT	05/22/2006	Yes
83.42(1)	SAFETY-FACILITY EVACUATION TIME	05/22/2006	Yes
83.56(2)	PLAN REVIEW	05/22/2006	Yes

Survey ID: 0094952 **End Date:** 06/01/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0094857 End Date: 04/25/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009117 Served 05/25/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	12/13/2005	Yes
83.18(1)(d)2	OTHER INFORMATION REQUIRED IN RECORD	12/13/2005	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	12/13/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	12/13/2005	Yes
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	12/13/2005	Yes
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED	12/13/2005	Yes

Survey ID: 0092840 End Date: 06/03/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(5)(b)	POLICY AND TRAINING INFECTION CONTROL	04/25/2005	Yes
83.43(4)(b)1.c	IN EVERY CORRIDOR SMOKE DETECTOR	04/25/2005	Yes
83.43(4)(b)2.b	STAFF LIVING QUARTERS AND OFFICE	04/25/2005	Yes
83.45(1)	ACCESSIBILITY	04/25/2005	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 01/06/2006 SOD #10008885 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.14(1)(c)
FORFEITURE---83.14(1)(d)
FORFEITURE---83.21(4)(o)
FORFEITURE---83.42(1); 83.56(2)

Date: 05/23/2005 SOD #10009117 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.18(1)(d)
FORFEITURE---83.19(3)(c)
FORFEITURE---83.21(4)(p)

Date: 06/30/2004 SOD #10009003 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.13(5)(b)
FORFEITURE---83.43(4)(b)1.c

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 02/02/2006

Date Investigation Completed: 06/05/2006

Subject Area(s)

RESIDENT RIGHTS
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10011871

Date Complaint Received: 11/07/2005

Date Investigation Completed: 12/13/2005

Subject Area(s)

STAFF ADEQUACY

Result

SUBSTANTIATED

SOD #

10008885

Date Complaint Received: 06/27/2005

Date Investigation Completed: 12/13/2005

Subject Area(s)

RESIDENT RIGHTS
ABUSE
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10008885

Date Complaint Received: 01/07/2005

Date Investigation Completed: 04/05/2005

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009117

Date Complaint Received: 11/30/2004

Date Investigation Completed: 04/05/2005

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

10009117

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/26/2004

Date Investigation Completed: 04/05/2005

Subject Area(s)

NUTRITION & FOOD SERVICES
QUALITY OF LIFE

Result

NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

NOT RECORDED

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